



DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63)

Decl. Sub. X Decl. Sub.
w/Initial after Initial
Filing Filing (surcharge
(37 CFR 1.15 (e))

Attorney Docket No.: 2132.038
Inventor Name: Jackowski et al
COMPLETE IF KNOWN
Application No: 09/846,779
Filing Date: 04/30/2001
Group Art Unit: 2881
Examiner Name:

As a below named inventor, I hereby declare that:

My residence, post office addr., and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**BIOPOLYMER MARKER INDICATIVE OF DISEASE STATE HAVING A
MOLECULAR WEIGHT OF 1525 DALTONS**

the specification which

 is attached hereto OR

X was filed on 04/30/2001 As United States Application No. or PCT Intl.
Appln. No. 09/846,779 and was amended on Preliminary Amendment Dated
08/10/2001 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN NUMBERS:	COUNTRY:	FOREIGN FILING DATE:	PRIORITY NOT CLAIMED:	CERTIFIED COPY Yes No
			<u> </u>	<u> </u>
			<u> </u>	<u> </u>
			<u> </u>	<u> </u>

Additional foreign appln. nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER(s) :

FILING DATE:

 Addnl. provisional appln.
Nos. are listed on a
Supplementary priority data
Sheet PTO/SB/02B attached.

DECLARATION - UTILITY or DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each or the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. PARENT APPLICATION
or PCT NUMBER:

PARENT FILING DATE:

PARENT PATENT NO:
(if applicable)

Additional U.S. or PCT international appl.nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: X Customer No: 21917 PLACE CUSTOMER No.
BAR CODE LABEL HERE

OR

Registered practitioner(s) name/registration no. listed below.

NAME:	REGISTRATION NO:	NAME:	REGISTRATION NO:
Michael A. Slavin	34,016	Joe Beckman	45,529
Ferris H. Lander	43,377		
C. Fred Rosenbaum	27,110		

DIRECT ALL CORRESPONDENCE TO: Customer Number OR
Or Bar Code Label Correspondence address below

NAME: McHale & Slavin, P.A.
ADDRESS: 4440 PGA Blvd.,
ADDRESS: Suite 402
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COUNTRY: U.S. TELEPHONE: (561) 625-6575 FAX: (561) 625-6572

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 17 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A Petition has been filed for this unsigned inv.
GIVEN NAME (first and middle [if any]): George FAMILY NAME OR SURNAME: Jackowski

Inventor's signature: George Jackowski, PhD Date: Aug 10 2001
Residence: 11725 Keele Street R1
City: Kettleby State: ONTARIO LOG 1J0 Country: CANADA Citizenship: Canadian
Post Office Address: 11725 Keele St. R1, Kettleby, Ontario LOG 1J0, CANADA
Additional inventors are being named on the Supplemental additional inventor(s)

Page 2 of 3) sheet(s) PTO/SB/02A attached hereto.

NAME OF SECOND INVENTOR: _____ A Petition has been filed for this unsigned inv.

GIVEN NAME (first and middle (if any)): _____

FAMILY NAME OR SURNAME: _____

Brad

Thatcher, PhD

Inventor's signature: _____

Date: 8/26/01

Residence: 12 Beaverdale Road

City: Toronto State: ONTARIO M8Y 3Y4 Country: CANADA Citizenship: Canadian

Post Office Address: 12 Beaverdale Road, Toronto Ontario M8Y 3Y4, CANADA

NAME OF THIRD INVENTOR: _____ A Petition has been filed for this unsigned inv.

GIVEN NAME (first and middle (if any)): _____

FAMILY NAME OR SURNAME: _____

John

Marshall, PhD

Inventor's signature: _____

Date: Aug 20 2001

Residence: 95 Parkside Drive

City: Toronto State: ONTARIO M6R 2V3 Country: CANADA Citizenship: Canadian

Post Office Address: 95 Parkside Drive, Toronto Ontario M6R 2V3, CANADA

NAME OF FOURTH INVENTOR: _____ A Petition has been filed for this unsigned inv.

GIVEN NAME (first and middle (if any)): _____

FAMILY NAME OR SURNAME: _____

Jason

Yantha, BSc

Inventor's signature: _____

Date: Aug 20, 2001

Residence: 44 St. Joseph Street, Apt. 2102

City: Toronto State: ONTARIO M4Y 2W4 Country: CANADA Citizenship: Canadian

Post Office Address: 44 St. Joseph Street, Apt. 2102 Ontario M4Y 2W4, CANADA

NAME OF FIFTH INVENTOR: _____ A Petition has been filed for this unsigned inv.

GIVEN NAME (first and middle (if any)): _____

FAMILY NAME OR SURNAME: _____

Tammy

Vrees, BSc

Inventor's signature: _____

Date: Aug 20 2001

Residence: 215 Bronte Road

City: Oakville State: ONTARIO L6L 3C5 Country: CANADA Citizenship: Canadian

Post Office Address: 215 Bronte Road, Oakville Ontario L6L 3C5, CANADA